

# Invoice Approval for Contract/Purchase Order or Training Requisition

## U.S. Department of Housing and Urban Development Office of the Chief Financial Officer

Exempt from OMB approval requirements  
under 5 CFR 1320.3(c). HUD use only HUD does  
not collect information from the public

Complete this form for all invoices requiring approval (invoice amount greater than or equal to \$2500) or related to a contract

<b>Part A</b>	To (OCFO Fort Worth Accounting Center FWAC)	Date (mm/dd/yyyy)
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Attention (Accounting POC)

From (GTR/Approving Official, AO)

Phone Number

<b>Part B</b>	1. Invoice Number	2. Date Invoice Received (optional)	3. Check here for Discount	4. Contract Number, P.O. Number or Training Requisition Number
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**5. Funding Information**

5a(\*) Document Number (11 chars.)

5b(\*) Line Numbers (3 chars)

6.**Date Goods/Services <b>Delivered</b> (mm/dd/yyyy)	7.** Date Goods/Services <b>Accepted</b> (mm/dd/yyyy)	8. Amount Approved for Payment \$	9. Date Vendor Notified of Disputed Invoice (mm/dd/yyyy)
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**10. Check the Appropriate Box**

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**Approved** for Payment

☐

**Disapproved** for Payment / Disputed Invoice: Notify the vendor within 7 calendar days of the date invoice was received (see block 2). Send a copy of this transmittal to FWAC. Send the disputed invoice, for contracts/purchase orders, and a copy of this transmittal, to your contract specialist in the Office of Procurement and Contracts (OPC). In the case of a disputed invoice for training, hold the invoice and the transmittal in the HUD Training Academy for resolution or return the package to FWAC. Explain the problem with the disputed invoice:

\*If the invoice is being paid from more than one (1) obligation/task order or more than one (1) line then complete and attach the invoice summary sheet - (HUD 27045 Support)

\*\*These fields must be completed or the form will be returned  
GTR/AO Remarks:

Signature of GTR / Approving Official

Check Appropriate Box, if applicable

☐

Partial Payment

☐

Final Payment

Name of GTR / Approving Official (type or print)

Date of Signature (mm/dd/yyyy)

Phone Number

**Part C** to be completed by the Contract Specialist

Action to be taken with disputed invoice (check one)

- ☐ Pay invoice as is.
- ☐ Do not pay. Vendor will submit a revised invoice.
- ☐ Do not pay. Reason:
- ☐ Pay invoice as modified below:

Amount \$

Remarks

Signature of Contract Specialist

Date of Signature (mm/dd/yyyy)

Phone Number

Notify approving official of resolution as indicated above. Return approved invoices and completed transmittals to FWAC.

## Invoice Summary Sheet - (HUD-27045 Support)

**Invoice Number:**

[illegible]

This form must be completed if the invoice **is** being paid from more than 1 obligation/task order **or** more than 1 line.